



Medicaid Community Options

Course 6: Developing a Plan of Service – Personal Assistance and Budgets

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Flexible Budgets

- All participants are given a recommended flexible budget based on needs identified in the InterRAI assessment
- Budgets only apply to the following services:
 - Personal Assistance
 - Home-delivered meals
 - *Other* items that substitute for human assistance
 - These “other” items are not specifically categorized by the State
- If a person doesn’t use the above services, the budget no longer applies
- Budgets do not factor in enrollment in or services received through another program



Why Does a Person Have a Budget?

- The program's total budget needs to be distributed fairly and equitably across all participants based on need.
- The amount of services a participant receives should not depend on where he or she lives or who they have as an advocate.
- Budgets are an objective baseline for every participant.



What Determines a Budget?

- Budgets are based on the participant's needs identified in the interRAI assessment.
 - The assessment collects health and social support information and assigns a level of acuity.
 - The higher the person's acuity, the more services they will need, the greater their budget.
 - Budgets do not factor in enrollment in or services received through another program
- The budget provides a **recommendation** of how many personal assistance hours may be needed.
 - The addition of home-delivered meals reduces the number of hours in the participant's budget.
 - Exceptions may apply with medical documentation.
- There are seven budget groups based on these acuity levels



Budgets by Group

	RUG	Grouper Description	Budget
Group 1	PA1	Physical Function – Low ADL	\$8,638
	BA1	Behavioral – Low ADL	\$8,638
	CA1	Clin. Complex – Low ADL	\$8,638
	IA1	Cognitive Impairment – Low ADL	\$8,638
	PA2	Physical Function – Low ADL, Low to High IADL	\$8,638
	RA1	Rehabilitation - Low ADL	\$8,638
Group 2	BA2	Behavioral – Low ADL, High IADL	\$16,753
	CA2	Clin. Complex – Low ADL, High IADL	\$16,753
	IA2	Cognitive Impairment – Low ADL, Low to High IADL	\$16,753
	PB0	Physical Function – Low to Medium ADL	\$16,753
Group 3	CB0	Clin. Complex – Low to Medium ADL	\$23,320
	RA2	Rehabilitation Low – Low ADL, High IADL	\$23,320
	PC0	Physical Function – Medium to High ADL	\$23,320
	SSA	Special Care – Low to High ADL	\$23,320
	IB0	Cognitive Impairment – Medium ADL	\$23,320
	BB0	Behavioral – Medium ADL	\$23,320
Group 4	PD0	Physical Function – High ADL	\$31,414
	CC0	Clin. Complex – High ADL	\$31,414
Group 5	SE1	Extensive Services 1 – Medium to High ADL	\$35,798
	RB0	Rehabilitation High – High ADL	\$35,798
	SSB	Special Care – Very High ADL	\$35,798
Group 6	SE2	Extensive Services 2 – Medium to High ADL	\$45,138
Group 7	SE3	Extensive Services 3 – Medium to High ADL	\$79,130



Personal Assistance and Home-Delivered Meals

- There are many services available in the programs, however, Personal Assistance is the most common and accounts for the majority of the program's budget.
 - Generally, participants need someone in their home to help them with activities of daily living when no one else is available.
 - When requesting personal assistance, hours of service are assigned based on the participant's ADL/IADL needs.
 - Exceptions may apply. Any additional hours request beyond the budget must be supported with recent medical documentation.
- Home-delivered meals are also considered within the budget.
 - Home-delivered meals must not overlap with personal assistance.



Personal Assistance Covered Services

10.09.84.14 Covered Services

B. The Program covers the following services when provided by a personal assistance provider:

- (1) Assistance with activities of daily living;
- (2) Delegated nursing functions if this assistance is:
 - (a) Specified in the participant's plan of service; and
 - (b) Rendered in accordance with the Maryland Nurse Practice Act, COMAR 10.27.11, and other requirements of the Maryland Board of Nursing;
- (3) Assistance with tasks requiring judgment to protect a participant from harm or neglect;
- (4) Assistance with or completion of instrumental activities of daily living, provided in conjunction with the services covered under §B(1)—(3) of this regulation; and
- (5) Assistance with the participant's self-administration of medications, or administration of medications or other remedies, when ordered by a physician.



Personal Assistance

- **Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living, health related tasks through hands on assistance, supervision, and/or cueing, will be provided.**
 - The Department only authorizes agencies to provide personal assistance services.
 - If the participant finds someone they like, that person must first enroll with an agency before services can begin.
 - Shared Personal Assistance Service is available for participants that share a home.
 - One unit of Personal Assistance is 15 minutes; each unit must be medically necessary and associated with an I/ADL



Personal Assistance

- **Personal assistance services may not include:**
 - Services rendered to anyone other than the participant or primarily for the benefit of anyone other than the participant;
 - Services rendered by anyone not enrolled with an agency;
 - The cost of food or meals prepared in or delivered to the home or otherwise received in the community; or
 - Housekeeping services, other than those incidental to services covered.



ADLs and IADLs

Activities of Daily Living (ADLs)

- Bathing/completing personal hygiene routines
- Dressing/changing clothes
- Eating
- Mobility
 - Transferring from a bed, chair, or other structure
 - Moving, turning, and positioning the body while in bed or in a wheelchair
 - Moving about indoors or outdoors
- Toileting
 - Bladder/bowel requirements
 - Routines associated with the achievement or maintenance of continence
 - Incontinence care

Instrumental Activities of Daily Living (IADLs)

- Preparing meals
- Performing light chores that are incidental to the personal assistance services provided to the participant
- Shopping for groceries
- Nutritional planning
- Traveling as needed
- Managing finances/handling money
- Using the telephone or other appropriate means of communication
- Reading
- Planning and making decisions



Rates for Personal Assistance

- Currently, agencies are paid \$16.66 per hour for personal assistance.
 - This rate may be adjusted each year dependent on the state budget process.
- The rate the actual personal assistance worker receives varies based on the agency.
- How Does a Personal Assistance Agency enroll?
 - Submit a [DHMH provider enrollment application](#).
 - Instructions and the application can be found at the link above.



Example--Participants Receiving Personal Assistance Services 7 Days a Week

	Annual Budget	Daily Budget	Hours at Weighted Agency Rate (\$16.66)
Group 1	\$8,638	\$23.67	1.4
Group 2	\$16,753	\$45.90	2.8
Group 3	\$23,320	\$63.89	3.8
Group 4	\$31,414	\$86.07	5.2
Group 5	\$35,798	\$98.08	5.9
Group 6	\$45,138	\$123.67	7.4
Group 7	\$79,130	\$216.79	13.0



Shared Personal Assistance

- Two participants living together may share a personal assistance worker.
 - Since the worker has additional tasks, the rate is 4/3 of the current provider rate (\$11.11)
- Both participants plans of service must include the same provider and duration and frequency must match.
 - Non-shared personal assistance hours must be listed as well to account for any time the participants may receive services individually.



Frequency of Personal Assistance

- All plans should be based on a 52-week period.
 - Costs must be sustainable for a full year.
- Personal Assistance is measured in 15 minute increments.
 - One hour is 4 units of service.
- Note how much time will be spent each day on personal assistance.
 - Use daily chart if needs vary by the day of the week.
 - Monday requires 2 hours; while Tuesday requires 4 hours.
 - Use a general “X hours per day” if all days are the same.



Personal Assistance Providers

- Personal assistance providers must use a call-in system for timekeeping and billing.
 - The call-in system is called the In-home Supports Assurance System (ISAS).
- Agency providing personal assistance must be licensed as an RSA and no requirements can be waived.
- Requirements are listed in 10.09.84.06.




Where Does the Participant Find a Personal Assistance Worker?

- Personal assistance workers must work for an agency enrolled in Medicaid.
 - Agency must be licensed as a RSA
- A participant may find a person that does not currently work for an agency. However, that provider must then contact an agency and work out employment details.
- To find a prospective provider, the participant may:
 - Advertise in the paper
 - Ask a neighbor
 - Post on a community bulletin board
 - Find someone in the community/neighborhood, and
 - Ask a relative.



Excluded Providers

- Maryland has created a CFC representative role and form to identify representatives not eligible for payment
 - [CFC Representative Form](#)
- Anyone signing the Plan of Service on a participant's behalf is excluded from being a paid personal assistance provider
 - A personal assistance provider agency may not assign the participant's representative to provide services to that participant (COMAR 10.09.84.06.C)



**Community First Choice
Authorization of Representative Form**

Participant Name: _____

Representative Name: _____

Relationship to Participant (check one): ☐ Family Member ☐ Other

Describe relationship: _____

By signing this form, I authorize the representative listed on this form to complete certain activities related to the provision of Community First Choice services.

I understand that my representative CANNOT serve as my paid personal assistance provider. I also understand that by filling out this form, I am appointing a representative for those activities indicated below only, and NOT a representative for any other program or legal purpose.

Please mark the box next to each act that you would like your representative to take on your behalf:

☐ Help develop your Plan of Service

☐ Sign your Plan of Service on your behalf

☐ Provide Training and guidance to your personal assistance provider(s)

☐ Hire and dismiss your personal assistance provider(s)

☐ Set hourly rate(s) for personal assistance provider(s), when applicable, within Department limitations

Participant's Signature: _____ Date: _____

Representative's Signature: _____ Date: _____

Home-Delivered Meals

- Home delivered meals are a covered service under CFC as an item that substitutes for human assistance.
 - Not meant to supplement a participant's grocery budget.
 - Limited to up to 14 meals per week.
- Home-delivered meals should not overlap with personal assistance.
 - The participant must be able to prepare and eat the home-delivered meal. If the participant cannot, the meal may not be appropriate.



Exceptions Process

- Exceptions may apply to the budget if documented appropriately.
 - May also be used to request items or services not directly supported through available medical information.
- The exceptions form is built into the Plan of Service in the LTSSMaryland system.
- The supports planner may not make clinical recommendations.
 - If additional hours of service are being requested beyond the budget, appropriate medical documentation must be submitted by the supports planner with the Plan of Service.



Exceptions Process

- The supports planner is responsible for:
 - explaining this process to the participant,
 - completing the exceptions form,
 - acquiring any additional documentation needed to support the exception request,
 - uploading all documents to the LSSMaryland system, and
 - assisting with the development of schedules



Schedules

- Schedules should be submitted when:
 - An applicant/participant is attending school
 - An applicant/participant is attending Medical Day Care
 - A request is over budget
 - An applicant/participant is receiving services from multiple Medicaid funded programs (Medical Day Care Waiver, REM program, DDA Waiver, dialysis, etc.)
 - At the request of the POS Reviewer
- The SP should review the schedule with the applicant/participant to discuss the requested tasks to verify the tasks are in compliance with 10.09.84.02 and 10.09.84.14



Schedules

- The recommended schedule format is Sunday through Saturday and should include:
 - The approximate time/duration of each ADL/IADL task the personal assistance provider will complete
 - All services received from any other MA funded program
 - Any regularly scheduled treatments (dialysis, chemotherapy, physical therapy, occupational therapy, speech therapy, wound treatments, etc.)
 - School or Medical Day Care hours and days
- If personal assistance services are not received on a particular day of the week, please indicate how ADL/IADL needs will be met on that day



Medical Documentation

- Medical documentation includes medical records, treatment plans/notes, progress notes, discharge summaries, etc.
 - A letter from a doctor alone **does not** qualify as medical documentation
- Medical documentation should be provided for the request of additional personal assistance services, temporary or ongoing, and in the case of a new diagnosis not captured on the active InterRAI assessment
- Temporary increases of personal assistance services of less than one week are not required to be approved by the Department

